

UROLOGICAL SUPPLIES

Service Authorization: No

CMN Required: No

DURABLE MEDICAL EQUIPMENT MANUAL

COVERAGE AND LIMITATION CRITERIA AND POLICIES

EFFECTIVE: March 2007

REVISED: December 2023

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Indications and limitations of coverage appropriateness:

Coverage allowed if the following conditions are present:

- Permanent urinary incontinence, or
- Permanent urinary retention.

Only when the catheter or the external urinary collection device meets the coverage criteria will the related supplies that are necessary for their effective use be covered.

No more than one catheter per month is covered for routine catheter maintenance. Non-routine catheter changes are covered when documentation substantiates medical necessity (e.g., catheter is accidentally removed, malfunction, obstruction).

Leg bag (A4358 or A5112) are indicated for members who are ambulatory or are chair or wheelchair bound. The use of both is not medically necessary.

Review the [DME Purchase Limits and Restriction Policy](#) for a code's quantity allowables.

Documentation Requirements:

- A prescription from prescribing practitioner.
- Medical documentation supporting the need.
- Physician/practitioner exam within 90 days of the service authorization start date.



Health & Human Services

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Date Revised

Revisions

March 1, 2019

Reviewed and reformatted to new DME policy format. Added Documents section.

December 29, 2022

Reviewed and reformatted. Added new logo. Documentation Requirement section replaced 60 with 90.

December 12, 2023

Reviewed and reformatted.